



**THE CODE OF ETHICS AND  
DEONTOLOGY OF PSYCHOLOGISTS IN  
THE REPUBLIC OF ALBANIA**

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## INTRODUCTION AND APPLICABILITY

The Ethical Principles of Psychologists and the Code of Ethics and Deontology (hereinafter the Code of Ethics) of the Order of the Psychologist in the Republic of Albania) consists of an Introduction, a Preamble, five General Principles and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations and the scope of application of the Code of Ethics and Deontology. The Preamble and General Principles aim to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not enforceable rules, they should be considered by psychologists in order to guarantee an ethical course of action. The Ethical Standards stipulate proper rules of conduct for psychologists. Most of the Ethical Standards are broadly known, in order to apply to all the psychologists in varied roles while practicing their profession. The Ethical Standards are not exhaustive. The Code of Ethics applies to every aspect of psychologists' activities. Areas include, but are not limited to the clinical psychology, psychological counseling, and school psychology; research in psychology; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting psychological assessments; educational counseling; organizational consulting; legal activities; program design and evaluation, as well as administration. This Code of Ethics applies to these activities across a variety of contexts, such as in person, via mail, telephone, Internet, and other electronic transmissions. In order to carry out this Code of Ethics effectively, these activities shall be distinguished from the entirely private conduct of psychologists, which is not subject to the rules of this Code. Lack of awareness or misunderstanding of an ethical standard is not in itself a justification for an unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are stipulated in the current Regulation of the Professional Disciplinary Adjudication. The Order of Psychologist (OP) may impose sanctions on its members for violations of the standards of the Code of Ethics, including termination of OP membership, and it has the right to notify other bodies and individuals of its actions, if deemed necessary. Actions that violate the standards of the Code of Ethics and Deontology may also lead to the imposition of sanctions by bodies other than OP, including psychological associations, other professional groups, psychology boards or other state agencies and institutions. The Code of Ethics intends to provide standards of professional conduct of the psychologists that can be applied by other bodies that choose to adopt them. The Code of Ethics is not intended to be a basis of civil or criminal liability. If the Committee of Ethics and Disciplinary Adjudication states that a psychologist has violated the standards of the Code of Ethics that does not determine whether the psychologist is legally liable in a court action.

The general terms used in some of the standards of this Code of Ethics (*e.g. reasonably, appropriate, potentially*) are intended to be used in cases when:

- (1) psychologists are allowed to make professional judgment,
- (2) it is needed to eliminate injustice or inequality that would occur if the above mentioned terms are not taken into consideration,

(3) it is provided the applicability of the ethic standards in a variety of professional activities conducted by psychologists, or

(4) it is guaranteed the protection of standards from a set of rigid rules that might be quickly outdated.

As used in this Code of Ethics, the term 'reasonable' means the general professional judgment of psychologists engaged in similar activities in similar circumstances, considering the knowledge the psychologist had or should have had at that time.

In the process of decision-making related with their professional behavior, psychologists must follow this Code of Ethics, in addition to applicable laws and other psychology regulations in force. In applying the Code of Ethics, psychologists must consider other materials and guidelines that have been adopted or approved to be applied by scientific and professional psychological organizations and the dictates of their own conscience, as well as they must consult with other experts within their respective field. If this Code of Ethics establishes a higher standard of conduct than is required by law, psychologists must meet the highest ethical standards. If the ethical responsibilities of the psychologists are not in accordance with law, regulations, or other governing legal authority, psychologists make known their commitment to this Code of Ethics and they take steps to resolve the conflict in a responsible manner, in agreement with basic principles of human rights.

### **Preamble**

Psychologists are committed to enhance scientific and professional knowledge of behavior in understanding themselves and other persons, and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the essential importance of freedom of inquiry and expression in research, teaching, and publication. This Code of Ethics provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Code of Ethics aims to provide the welfare and protection of the individuals and groups with whom psychologists work, and the education of members, students and the public, regarding ethical standards of the discipline of psychology.

The development of a dynamic set of ethical standards for the professional conduct of the psychologists requires a personal commitment and lifelong effort:

- to act ethically;
- to encourage ethical behavior by students, supervisors, employees, and colleagues;
- to find out other concerning ethical problems

### **General principles**

This section consists of General Principles. General Principles, in contrast to Ethical Standards, have an inspirational nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, as opposed to Ethical Standards, do not represent obligations and should not be used as a basis for imposing sanctions. Their use for either of these reasons distorts the meaning of General Principles.

### **Principle A: Beneficence and nonmaleficence**

Psychologists try hard to assist their clients and make sure to do no harm. In their professional actions, psychologists strive to protect the welfare and rights of those with whom they interact professionally and other involved persons, as well as the welfare of animals, subjects of research. When conflicts occur due to psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible manner, by avoiding or minimizing harm. Because scientific and professional judgments and actions of the psychologists may affect the lives of others, they must be alert and try to prevent personal, financial, social, organizational and political factors that might lead to misuse of their professional influence. Psychologists strive to be aware of the significance of their own physical and mental health on their ability to help those with whom they work.

### **Principle B: Fidelity and responsibility**

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities, of the society and of the specific communities in which they work. Psychologists must respect the professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to avoid conflicts of interest that could lead to unfair benefits or harm to the others. Psychologists must consult with, refer to, or cooperate with other professionals and institutions in order to serve to the best interests of those with whom they work.

Psychologists should be attentive and to make evident any case in which the scientific and professional conduct of their colleagues is unethical. Psychologists strive to contribute a part of their professional time for little or no compensation or personal advantage.

### **Principle C: Integrity**

Psychologists aim to promote accuracy, honesty, and truthfulness in science, teaching, and the practice of psychology. In these activities, psychologists must not steal, cheat, or engage in fraud, deception, or intentional misrepresentation of the facts. Psychologists seek to keep their promises and to avoid irresponsible or unclear commitments.

In situations in which psychologists decide to use deception, they must consider:

- a) If it is ethically justifiable to maximize the results of the offered service and minimize harm,
- b) the possible consequences,
- c) taking responsibility to minimize any other harmful effects that may arise from the use of such techniques.

### **Principle D: Justice**

This principle gives right to all persons to benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to evade unjust practices. For this reason, they must take into consideration the boundaries of their competence and the limitations of their expertise.

## **Principle E: Respect for people's rights and dignity**

Psychologists shall respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and decision-making. Psychologists are aware that special measures may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities damage autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, language disability, and socio-economic status, and consider these factors when working with members of such groups. During their work, psychologists try to eliminate the effect of biases based on these factors, and, being aware of this, they do not participate in or disregard activities of others based upon such prejudices.

## **Chapter 1. Resolving ethical issues**

### **1.01 Misuse of psychologists' work**

If psychologists learn of the misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

### **1.02. Conflicts between ethics, law, regulations, or other governing legal authority**

If the ethical responsibilities of the psychologists are not in accordance with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Code of Ethics, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Code of Ethics. Under no circumstances may this standard be used to justify or defend the violation of human rights.

### **1.03 Conflicts between ethics and organizational demands**

If the demands of an organization, or a private or public agency, in which psychologists are affiliated or for whom they are working are in conflict with this Code of Ethics, psychologists shall clarify the nature of the conflict, make known their commitment to the Code of Ethics, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Code of Ethics. Under no circumstances may this standard be used to justify or defend the violation of human rights.

### **1.04. Informal resolution of ethical violations**

When psychologists are aware that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights. (*See Standards 1.02, Conflicts between ethics, law, regulations, or other governing legal authority, and 1.03, Conflicts between ethics and organizational demands.*)



### **1.05 Reporting ethical violations**

If an apparent ethical violation has significantly harmed or is likely to harm a person or an organization, or private or public agency, and is not appropriate for informal resolution (under Standard 1.04), then this violation must refer to the Committee of Ethics and Professional Disciplinary Adjudication. *(See also Standard 1.02, Conflicts between ethics, law, regulations, or other governing legal authority.)*

### **1.06 Cooperating with Ethics Committees**

Psychologists are obliged to cooperate in investigations related with ethical violation issues, to examine and to draw results required by the OP. Failure to cooperate is in itself an ethics violation.

### **1.07 Improper complaints**

Psychologists do not file or encourage the filing of ethical complaints which are considered completely unfair, or that are made with reckless consideration for or willful ignorance of facts that would disprove the allegation for violation.

### **1.08 Unfair discrimination against complainants and respondents**

Psychologists do not deny employment, advancement, and admissions to academic or other programs to persons based solely on the fact of having made or being the subject of an ethics complaint. This does not exclude taking action based upon the outcome of such disciplinary proceedings or considering other appropriate information.

## **Chapter 2 Competence**

### **2.01 Boundaries of competence**

a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience. Psychologists shall not practice competence out of their field, which are related with other disciplines such as: sociology, social work, medical field etc.

b) Psychologists practice their profession in suitable environments for practicing the profession. In addition to psychologists who practice the profession in organizations, public or private institutions, the psychologist must take appropriate measures to ensure that the place of work in which he practices his/her profession provides privacy, maintain confidentiality and comply with the type of service profile offered. Except in cases of emergency or unless it is in accordance with the purpose for which it is carried out, the psychologist does not exercise his activity in public places or somewhere different from the place where he officially exercises the activity.

c) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socio-economic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, except cases provided in Standard 2.02.

d) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them, undertake relevant education, training, supervision, experience, consultation, or other necessary study.

e) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the required competence, in order to ensure that services are not negated, psychologists, with closely related prior training or experience may provide such services, but they shall make reasonable efforts to obtain the required competence through relevant research, training, consultation, or study.

f) When assuming legal role, psychologists shall be aware of or become reasonably familiar with the judicial or administrative rules governing their roles.

## **2.02 Providing services in emergency situations**

In emergency situations, when psychologists may provide services to individuals, for whom other mental health services are not available, and for the cases in which the psychologists have not obtained the necessary training for such services. The services are discontinued as soon as the emergency has ended or appropriate services are available.

## **2.03 Maintaining competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

## **2.4 Bases for scientific and professional judgments**

Psychologists' work is based upon scientific and professional knowledge of the discipline of psychology. (*See also Standards 2.01e, Boundaries of competence, and 10.01b, Informed consent to therapy.*)

## **2.05 Delegation of work to other persons**

Psychologists, who delegate work to employees, supervisees, or research or teaching assistants, or to other freelance professions such as interpreters, take reasonable steps to:

(1) avoid delegating such work to persons who have a conflict of interest with the persons who receive the service, that would likely lead to misuse or loss of objectivity;

(2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or while being supervised;

(3) check that such persons perform these services competently. (*See also Standards 2.02, Providing services in emergency situations; 3.05, Multiple relationships; 4.01, Maintaining confidentiality; 9.01, Bases for assessments; 9.02, Use of assessments; 9.03, Informed consent in assessments; and 9.07, Assessment by unqualified persons.*)

## **2.06 Personal problems and conflicts**

a) Psychologists shall avoid initiating a professional activity when they know or should know that there is a possibility likely substantial that their personal problems will prevent them from performing their activities in a competent manner.

b) When psychologists, while performing their professional duties, become aware of personal problems that may influence the duty performance adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their professional duties. (*See also Standard 10.10, Terminating therapy.*)

## **Chapter 3: Human relations**

### **3.01 Unfair discrimination**

In their work-related activities, psychologists must not engage directly or indirectly in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socio-economic status, or any basis forbidden by law.

### **3.02 Sexual Harassment**

Psychologists shall not engage in sexual harassment. Sexual harassment is sexual solicitation, physical harassment, or verbal or nonverbal conduct that is sexual in nature, that occurs during the psychologist's activities or roles as a psychologist, and that either:

- (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, for which the psychologist is or should be aware;
- (2) is sufficiently severe or intense to be abusive. Sexual harassment can consist of a single intense or severe act or of multiple persistent acts carried out in different ways. (*See also Standard 1.08, Unfair discrimination against complainants and respondents.*)

### **3.03 Other harassment**

Psychologists shall not engage in behavior that is harassing or humiliating to persons with whom they interact during their professional activities, based on factors such as age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socio-economic status of these persons.

### **3.04 Avoiding harm**

- a) Psychologists shall take reasonable measures to avoid harming their clients/patients, students, supervisees, participants in research, organizational clients, and other persons with whom they work, and to minimize harm where it is unforeseeable and unavoidable.
- b) Psychologists shall avoid any act in any possible situation that may cause harm intentionally on a person, such as severe pain or suffering, whether physical or mental, or any act that may be defined as cruel, inhuman, violating or degrading behavior.

## **2.5 Multiple Relationships**

a) A relationship is considered a multiple relationship when a psychologist is in a professional role with a person and, at the same time, has another close relationship with the same person, is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or in cases when this relationship is expected to enter into another relationship in the future.

A psychologist refrains from entering into a multiple relationship only in cases when the multiple relationship could reasonably harm the objectivity, the competence, or the

effectiveness of the psychologist in performing his or her functions as a psychologist, or otherwise risks misuse or harm to the other person.

Multiple relationships that do not cause harm, misuse or harmful consequences for the parties are not unethical.

b) If a psychologist finds out that, due to unforeseen factors, a harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it taking into consideration the best interests of the affected person and in maximal compliance with the Code of Ethics.

c) When psychologists are required by law, institutional policy, or extraordinary circumstances to be involved in a multiple relationship, they are obliged to clarify their role to all the concerned parties, as well as the boundaries of the principle of confidentiality. *(See also Standards 3.04, Avoiding harm, and 3.07, Requests for services by third-party.)*

### **3.06 Conflict of interest**

Psychologists refuse to take on a professional role when personal, scientific, professional, legal, financial, family, or other interests or relationships could influence their objectivity, competence, or effectiveness in performing their functions as psychologists.

### **3.07 Requests for services by third-party**

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists shall clarify, at the beginning of the service, the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), the identification of the client, the possible uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. *(See also Standards 3.05, Multiple relationships, and 4.02, Discussing the limits of confidentiality.)*

### **3.08 Exploitative relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, participants in research, and employees. *(See also Standards 3.05, Multiple relationships; 6.04, Fees and financial arrangements; 6.05, Barter with clients/patients; 7.07, Sexual relationships with students and supervisees; 10.05, Sexual intimacies with current therapy clients/patients; 10.06, Sexual intimacies with relatives or significant other persons of current therapy clients/patients; 10.07, Therapy with former sexual partners; and 10.08, Sexual intimacies with former therapy clients/patients.)*

### **3.09 Cooperation with other professionals**

When it is recommended and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. *(See also Standard 4.05, Disclosures of identifying information).*

### **3.10 Informed consent**

a) When psychologists conduct research, assessment, therapy, counseling, or consulting services, they require to obtain the informed consent of the individual or individuals who receive these services, except the cases, when conduct of such activities without consent is mandated by law, by by-laws or by the decision of the legal authorities provided in this Ethics Code. (See also Standards 8.02, *Informed consent to research*; 9.03, *Informed consent in assessments*; and 10.01, *Informed consent to Therapy*.)

b) For persons who are legally incapable of giving informed consent, psychologists in any possible case consider a person's best interest, and, if possible, obtain appropriate permission from a legally authorized person. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

c) When psychological services are ordered by the court or otherwise mandated by other legally authorized authorities, psychologists inform the individual on the nature of the anticipated services on any limits of confidentiality, before proceeding.

d) Psychologists document written or oral consent, or permission appropriately.

### **3.11 Psychological services provided to or through organizations**

Psychologists who offer services to or through organizations provide information beforehand to clients and when appropriate to those who are directly affected by the services about:

- (1) the nature and objectives of the services,
- (2) the target recipients,
- (3) the individualization of the clients,
- (4) the relationship that the psychologist will have with each person and the organization,
- (5) the probable uses of the provided services and the obtained information,
- (6) who will have access to the information,
- (7) limits of confidentiality.

They should provide information about the results and conclusions of such services to appropriate persons as soon as possible.

If psychologists will be excluded by law or by organizational roles from providing such information to particular individuals or groups, they shall inform those individuals or groups at the beginning of the service.

### **3.12 Interruption of psychological services**

Unless, otherwise, stipulated by law or by the contract signed with the person who receives the service, psychologists make reasonable efforts to minimize the consequences that may arise from the interruption of the service. (See also Standard 6.02c, *Maintenance, dissemination, and disposal of confidential information of professional and scientific work*.)

## **Chapter 4. Privacy and confidentiality**

### **4.01 Maintaining confidentiality**

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through various manners, recognizing that the limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (*See also Standard 2.05, Delegation of work to others.*)

### **4.02 Notification of the limits of confidentiality**

a) Psychologists notify the persons (including, to the extent possible, even the persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship about:

(1) the relevant limits of confidentiality,

(2) the foreseen uses of the information gathered through their psychological activities.

b) Unless it is not possible or is harmful, then notification of confidentiality occurs at the beginning of the relationship and as soon as it is allowed by the circumstances.

c) Psychologists who offer services, products, or information via electronic transmission should inform the clients/the patients of the risks of privacy violation and the limits of confidentiality.

### **4.03 Recording**

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or from their legal representatives. (*See also Standards 8.03, Informed consent for recording voices and images in research; 8.05, Providing research information after receiving informed consent; and 8.07, Deception in research.*)

### **4.04 Minimizing intrusions on privacy**

Psychologists include in written and oral reports, only information which are crucial to the purpose of the report.

Psychologists use the confidential information obtained during their work only for appropriate scientific or professional purposes and only with the persons clearly concerned with such case.

### **8.06 Disclosures of identifying information**

Psychologists may make known to the public confidential information with the appropriate consent of the institution, the individual client/patient, who receives the service, or another legally authorized person on behalf of the client/patient unless prohibited by law.

Psychologists make known confidential information without the consent of the individual only if it is required by law, or where permitted by law for a valid purpose such as to:

- (1) provide needed professional services;
- (2) obtain appropriate professional consultations;
- (3) protect the client/patient, psychologist, or others from harm; or
- (4) obtain payment for services from a client/patient, in cases when the disclosed information is limited to the minimum that is necessary to achieve the purpose. (*See also Standard 6.04e, Fees and financial arrangements.*)

### **4.06 Consultations**

When consulting with their colleagues, psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, participant in research, or other persons or organization with whom they have a confidential relationship, unless they have obtained the prior consent of the person or organization and when they disclose information only to the extent necessary to achieve the purposes of the consultation. (*See also Standard 4.01, Maintaining confidentiality.*)

### **4.07 Use of confidential information for didactic or other purposes**

Psychologists do not disclose in their publications, lectures, or other public media, confidential or personally identifiable information concerning their clients/patients, students, participants in research, clients of the organizations, or other recipients of their services that they obtained during the course of their work, unless:

- (1) they do not identify the person or the organization,
- (2) the person or organization has given their consent in writing, or
- (3) there is a legal authorization to do that.

## **Chapter 5. Advertising and other public statements**

### **5.01 Avoidance of false or deceptive statements**

(a) Public statements include, but are not limited to, paid or unpaid advertising, product support, grant applications, licensing applications, other qualification applications, brochures, printed materials, various listings, personal resumes, curriculum vitae, or comments for use in media such as: print or electronic transmission, statements in legal procedures, lectures and public oral presentations, as well as published materials. Psychologists do not deliberately make public statements that are false, deceptive, or misleading in relation with their research, practice, or other work activities or those of persons or organizations in which they are affiliated.

(b) Psychologists do not make false, deceptive, or misleading statements concerning:

- (1) their training, experience, or competence;

- (2) their academic degrees;
  - (3) their credentials;
  - (4) their institutional or association affiliations;
  - (5) the services provided;
  - (6) the scientific or clinical basis of their services or results or degree of success of their services;
  - (7) their fees;
  - (8) their publications or research findings.
- (c) psychologists present their degrees as credentials for the services that they provide, only if these degrees:
- (1) are earned from a regionally accredited educational institution, or
  - (2) are considered criteria for psychology licensure by the state in which they practice the profession.

### **5.02 Statements by others**

- (a) Psychologists, who engage others to make public statements that promote their professional practice, products, or activities, retain professional responsibility for such statements.
- (b) Psychologists do not give rewards to employees of press, radio, television, or other communication media in return of presenting advertisements as news. (*See also Standard 1.01, Misuse of the work of the psychologist*).
- (c) A paid advertisement relating to psychologists' activities must be clearly identified or perceived as such.

### **5.03 Descriptions of workshops and educational programs which do not grant degrees**

Psychologists, responsible for the announcements, catalogs, brochures, or description of workshops, seminars, or other educational programs which do not grant degrees, shall ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

### **5.04 Media presentations**

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that their statements:

- (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological practice and literature;
- (2) are in accordance with this Code of Ethics; and
- (3) do not indicate the establishment of a professional relationship with the public, to whom it is addressed. (*See also Standard 2.04, Bases for scientific and professional judgments.*)

### **5.05 Testimonials**

Psychologists do not encourage or ask testimonials from clients/patients who are currently under therapy or other persons, who, because of their particular circumstances, are vulnerable to unjustifiable influence.



## **5.06 Personal Requests**

Psychologists do not ask, directly or through agents, to work with potential clients/patients (or other persons, who because of their particular circumstances, are vulnerable to excessive pressure), only if these requests are submitted by these persons themselves.

This prohibition does not exclude:

- (1) cases in which this occurs to the best interest of a current client/patient under therapy,
- (2) interventions in disaster situations or interventions in community services.

## **Chapter 6. Record keeping and fees**

### **6.01 Documentation of professional and scientific work, and maintenance of records**

Psychologists shall administrate data relating to their professional and scientific work in order to:

- (1) facilitate provision of later services by them or by other professionals,
- (2) allow for reproduction of research design and analyses,
- (3) meet institutional requirements,
- (4) ensure accuracy of billing and payments, and
- (5) ensure compliance with the law.

*(See also Standard 4.01, Maintaining confidentiality.)*

### **6.02 Maintenance, dissemination, and disposal of confidential records of professional and scientific work**

(a) Psychologists provide confidentiality in creating, storing, accessing, transferring, and disposing of data under their control, whether these are written, automated, or saved in any other way. *(See also Standards 4.01, Maintaining confidentiality, and 6.01, Documentation of professional and scientific work and maintenance of records.)*

(b) If confidential information related to the recipients of psychological services is registered into databases or systems of records available to persons whose access has not been consented to by the recipient of the service, psychologists use coding or other techniques to avoid the identification of the persons.

(c) Psychologists take measures in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data, in the event, that for any possible reason, the psychologists interrupt their professional service or practice. *(See also Standards 3.12, Interruption of psychological services, and 10.09, Interruption of therapy.)*

### **6.03 Omission to provide information due to non-payment**

Psychologists may not refuse to hand documentation, which is under their control, that is requested and needed for an emergency treatment of a client/patient, solely because payment has not been received yet.

### **6.04 Fees and financial arrangements**

(a) In a professional or scientific relationship, as early as possible, psychologists and recipients of psychological services should reach an agreement specifying compensation and billing arrangements.

(b) Fees of psychological service shall be in agreement with law, if the law stipulates the legal fees.

(c) Psychologists shall not misrepresent their fees.

(d) If law foresees limitations to services because of limitations in payment, this should be made known to the recipient of services as early as possible. (*See also Standards 10.09, Interruption of therapy, and 10.10, Terminating therapy.*)

(e) If the recipient of services does not pay for the services, as agreed in advance, and if psychologists intend to use legal measures to collect the financial fees, psychologists should first inform the recipient of services that such measures will be taken, and provide to that person an opportunity to make prompt and immediate payment. (*See also Standards 4.05, Disclosures; 6.03, Omission to provide information due to non-payment; and 10.01, Informed consent to therapy.*)

### **6.05 Barter with clients/patients**

Barter is the acceptance of goods, products, or other nonmonetary remuneration from clients/patients in return for psychological services.

Psychologists may barter only if:

(1) it is not clinically contraindicated,

(2) the arrangement is not of exploitative nature. (*See also Standards 3.05, Multiple relationships, and 6.04, Fees and financial arrangements.*)

### **6.06 Accuracy in reports to payers and financial sources**

In their reports to payers of services or sources of research funding, psychologists try to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and when it is applicable, the identity of the provider, the findings, and the diagnosis. (*See also Standards 4.01, Maintaining confidentiality; 4.04, Minimizing intrusion on privacy; and 4.05, Disclosures.*)

### **6.07 Referrals and fees**

When psychologists pay, receive payment, or divide fees with another professional, in different conditions from that of an employer-employee relationship, the payment to each person is based on the kind of services provided (clinical, consultative, administrative, etc.) (*See also Standard 3.09, Cooperation with other professionals.*)

## **Chapter 7. Education and Training**

### **7.01 Design of education and training programs**

Psychologists, who are responsible for education and training programs, make sure that the programs are designed in such a manner that provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals promoted by the program. *(See also Standard 5.03, Descriptions of workshops and educational programs that do not grant degrees.)*

### **7.02 Descriptions of education and training programs**

Psychologists, who are responsible for education and training programs, take reasonable measures to provide an accurate description of the program content (including participation in required course, counseling, psychotherapy, experiential groups, consulting projects, or community service, which are related with the program), training goals and objectives, scholarships and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made available to all interested parties.

### **7.03 Accuracy in teaching**

(a) Psychologists take reasonable measures to ensure that course designed syllabi are accurate regarding the subject matter, the assessment manner and the expectations of this educational program.

This standard does not exclude modification of the course content or requirements, when:

- it is considered pedagogically necessary,
- students are informed about these modifications,
- it enables them to fulfill course requirements.

*(See also Standard 5.01, Avoidance of false or deceptive statements.)*

(b) When engaged in teaching or training, psychologists present psychological information accurately. *(See also Standard 2.03, Maintaining competence.)*

### **7.04 Student disclosure of personal information**

Psychologists do not require students to disclose personal information in course or activities related to the program they attend, either orally or written, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses, only in cases when:

- (1) the program or training objective has clearly identified this as an admissible requirement, or a program material,
- (2) the information is necessary to evaluate or provide assistance for students, whose personal problems could be judged to be preventing them from their performance,
- (3) in cases they pose a threat to themselves or others.

### **7.05 Mandatory individual or group therapy**

(a) When individual or group therapy is a program requirement, the students are allowed to carry out this therapy with professionals who are not directly related with the program. *(See also Standard 7.02, Descriptions of education and training programs.)*

(b) Faculty, which is or is likely to be responsible for assessing the academic performance of the students, does not provide that therapy itself. *(See also Standard 3.05, Multiple relationships.)*

### **7.06 Assessing student and supervisee performance**

(a) In academic and supervisory relationships, psychologists provide feedback to students and supervisees in a specific process. Information regarding the process is provided to the student since the beginning of the activity.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance in accordance with the stipulated program requirements.

### **7.07 Sexual relationships between students and supervisees**

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple relationships.)

## **Chapter 8. Research and Publication**

### **8.01 Institutional approval**

When for a research it is required institutional approval, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

### **8.02 Informed consent to research**

(a) When obtaining informed consent, as required in Standard 3.10, psychologists inform the participants about:

- (1) the purpose of the research, its duration, and procedures;
- (2) their right to participate and to withdraw from the research once participation in the study has begun;
- (3) the foreseen consequences of withdrawing;
- (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as: potential risks, discomfort, or negative effects;
- (5) any probable research benefits;
- (6) limits of confidentiality;
- (7) motivation/rewards for participation;
- (8) persons to be contacted for questions regarding the research and the participants' rights in research. Psychologists provide opportunity for the participants to ask questions and receive answers.

*(See also Standards 8.03, Informed consent for recording voices and images in research; 8.05, Dispensing with informed consent for research; and 8.07, Deception in research.)*

(b) Psychologists, who conduct research involving the use of experimental treatments, clarify to participants at the beginning of the research:

- (1) the experimental nature of the treatment;
- (2) the services that will or will not be available to the control group;

- (3) the means through which will be made the treatment or the assignment to control groups;
- (4) available treatment alternatives, if an individual does not wish to participate in the research or wishes to withdraw, once the study has begun; and
- (5) compensation for monetary costs of participating, including if appropriate, reimbursement for the participants. (*See also Standard 8.02a, Informed consent to research.*)

### **8.03 Informed consent for recording voices and images in research**

Psychologists obtain informed consent from research participants prior to recording their voices or images, except the cases when:

- (1) the research consists only of naturalistic observations in public places and it is not expected that the recording will be used in a manner that could cause personal identification of the person or harm to him/her,
- (2) the research format foresees the consent for the use of the recording during the collection of the information. (*See also Standard 8.07, Deception in research.*)

### **8.04 Clients/patients, students, and subordinates as participants in research**

- (a) When psychologists conduct researches in which participate clients/patients, students, or subordinates, psychologists take measures to protect the potential participants from negative consequences in case of interrupting or withdrawing from participation.
- (b) When participation in research is a requirement of academic course or an opportunity for extra credit, the potential participants are given the choice of selecting equal alternative activities.

### **8.05 Providing information with informed consent for research**

Psychologists may hand out information with informed consent only in cases when:

- (1) research is not supposed to create distress or harm and involves:
  - (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings;
  - (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability, or damage their financial state, their job or reputation, and when confidentiality is protected;
  - (c) the study of factors, which are related to job or organization effectiveness, conducted in organizational circumstances, in which the participants do not risk their employment and confidentiality is protected;
- (2) it is permitted by law or institutional regulations.

### **8.06 Offering inducements for participation in research**

- (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for participation in research when such inducements are likely to force participation.
- (b) When offering professional services as an inducement for participation in research, psychologists should make clear the nature of the services, as well as the risks, obligations, and limitations. (*See also Standard 6.05, Barter with clients/patients.*)

### **8.07 Deception in research**

(a) Psychologists do not conduct a study in which is involved deception, unless they have determined that the use of such deceptive techniques is justified by significant scientific educational prospective of the study, as well as its applied value and that alternative procedures, which do not involve deception, are not possible to occur.

(b) Psychologists do not deceive future participants in research, in cases when deception is expected to cause physical pain or other forms of severe emotional distress.

(c) Psychologists explain to the participants, as soon as possible, any deceptive practice that is an integral part of the study and conduct of an experiment, if it is possible at the completion of their participation, but no later than the conclusion of the data collection, and allow the participants to withdraw their personal data. (*See also Standard 8.08, Informing.*)

### **8.08 Informing**

(a) Psychologists provide an opportunity for participants to obtain appropriate information concerning the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have for which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

### **8.09 Humane care and use of animals in research**

(a) Psychologists acquire, care for and use the animals in compliance with current state laws and regulations, as well as with professional standards.

### **8.10 Reporting research results**

(a) Psychologists do not fabricate data. (*See also Standard 5.01a, Avoidance of false or deceptive statements.*)

(b) If psychologists discover significant errors in their published data, they shall be responsible to correct such errors.

### **8.11 Plagiarism**

Psychologists do not present data or sections of one's work or as their own, even if the other work or data source is cited occasionally.

### **8.12 Publication credit**

(a) Psychologists take responsibility and credit, including authorship credit, only for work that they have performed or to which they have significantly contributed. (*See also Standard 8.12b, Publication credit.*)

(b) In a publication should be accurately reflected the scientific or professional contributions of all the involved individuals, regardless of their relative status. Possession of an institutional position, such as head of the department, does not justify authorship credit. Minor

contributions to the research or to the written documents or publications are made known appropriately, for example in footnotes or in an introductory statement.

(c) A student is listed as principal author in an article written by multiple authors, in cases when this publication is considerably based on the student's doctoral dissertation or under exceptional circumstances. Publication credits are discussed with the students as early as possible and throughout the research and publication process according to the specific case. *(See also Standard 8.12b, Publication credit.)*

### **8.13 Duplicate publication of data**

Psychologists do not publish, as original data, data that have been previously published. This does not exclude republishing data, when they are accompanied by properly explained notes.

### **8.14 Sharing/ providing/ submitting research data for verification**

(a) After research results are published, psychologists do not hide the data on which their conclusions are based from other competent professionals, in cases when it is required to verify the significant testimony through reanalysis, and, only in cases when such data is used only for this purpose, provided that the confidentiality of the participants is protected. Costs, related to the provision of such information, are charged to the persons who require it.

(b) Psychologists, who request data from other psychologists, in order to verify the significant claims through reanalysis, may use such data only for the declared purpose. Psychologists, who are being asked to provide such data, obtain written agreement in advance for all other uses of the data.

### **8.15 Reviewers**

Psychologists, who review the material submitted for presentation, publication, grants, or research proposal review, respect the confidentiality and the authorship rights of the author.

## **Chapter 9. Assessment**

### **9.01 Bases for assessments**

(a) Psychologists base the opinions presented in their recommendations, reports, diagnostics or evaluative statements, including legal assessment, on information and techniques sufficient to verify their findings. *(See also Standard 2.04, Bases for scientific and professional judgments.)*

b) Except the described cases in Standard 9.01c, psychologists provide opinions of the psychological characteristics of individuals, only after they have conducted an appropriate examination that is adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not possible, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of this limitation on the reliability and validity of their opinions, and appropriately limit the extent of their conclusions or recommendations. *(See also Standards 2.01, Boundaries of competence, and 9.06, Interpreting assessment results.)*

(c) When an individual examination is not reasonable or necessary and when psychologists base their assessment on the documentation or information obtained during supervision, psychologists should explain the sources of information on which they have based their conclusions and recommendations.

### **9.02. Use of assessments**

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are based by the research or data, which suggest of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been verified for use in specific population. When such validity or reliability has not been tested, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists adopt assessment methods with the language preference and competence of an individual, except the cases when the use of an alternative language is crucial to the assessment issues.

### **9.03 Obtaining informed consent in assessments**

a) Psychologists obtain informed consent for assessments, evaluation means, or diagnostic services, as described in Standard 3.10, except when:

(1) Testing is mandated by law or governmental regulations;

(2) Informed consent is implied because testing is conducted as an educational, institutional, or organizational activity routine (e.g.: when participants voluntarily agree to assessment when they apply for a job);

(3) One purpose of the testing is to evaluate decision-making capacity.

Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limitations of confidentiality and adequate opportunity for the client/patient to ask questions and receive answers.

b) Psychologists inform the persons whose capacity to give consent is questionable or other persons, whose testing is stipulated by law or governmental regulations regarding the nature and purpose of the proposed assessment services, using a language that is easily understandable to the person who is being assessed.

c) In cases when the services of an interpreter are required, the psychologists obtain informed consent from the client/patient, and make sure to protect confidentiality and to include in their recommendations, reports, as well as presentations of diagnostics or evaluations even limitations that may arise from the interpretation of the obtained data. (*See also Standards 2.05, Delegation of work to others; 4.01, Maintaining confidentiality; 9.01, Bases for assessments; 9.06, Interpreting assessment results; and 9.07, Assessment by unqualified persons.*)

### **9.04 Release of test data**

The term 'test data' refers to raw and scored responses of the client/patient to stimuli or test questions and psychologists' notes and recordings concerning the statements of client/patient



behavior during an evaluation. The definition of test materials includes those parts of test materials that are related to client/patient responses. In accordance with the release of a client/patient, psychologists provide test data to the client/patient or other persons determined in the release.

(a) Psychologists may refuse to release test data with the purpose of protecting a client/patient or other persons from serious harm, misuse or misinterpretation of the data or the test. (*See also Standard 9.11, Maintaining test security.*)

(b) In the absence of a release of client/patient, psychologists provide test data only if it is required by a court order.

### **9.05 Test construction**

Psychologists, who design tests and other assessment techniques, use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and give recommendations for use.

### **9.06 Interpreting assessment results**

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various factors of the test, abilities of taking a test, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or may reduce the accuracy of their interpretations. They present any probable limitations of their interpretations. (*See also Standards 2.01b and c, Boundaries of competence, and 3.01, Unfair discrimination.*)

### **9.07 Assessment by unqualified persons**

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes under appropriate supervision. (*See also Standard 2.05, Delegation of work to others.*)

### **9.08 Outdated tests and outdated test results**

(a) Psychologists do not base their assessment, intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests or measures that are outdated and not useful for the current purpose.

### **9.09 Test Scoring and interpretation**

(a) Psychologists, who offer assessment or scoring services to other professionals, describe accurately the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications needed for their use.

(b) Psychologists select scoring and interpretation services (including automated services) based on data that prove the validity of the program and procedures as well as other essential considerations. *(See also Standard 2.01b and c, Boundaries of competence.)*

(c) Psychologists shall be responsible for the appropriate application, interpretation and use of assessment instruments, even in cases when they score and interpret such tests themselves, or when they use other automated services.

### **9.10 Explaining assessment results**

Regardless of whether the scoring and interpretation are done by psychologists, by employees/assistants, by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or to the authorized representative, unless the nature of the relationship impedes their provision and this fact has been clearly explained to the person being assessed since the beginning of the process.

### **9.11 Maintaining test security**

The term 'test materials' refers to manuals, instruments, protocols, and test questions and does not include *test data* as stipulated in Standard 9.04. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits the appropriate application of this Code of Ethics.

## **Chapter 10. Therapy**

### **10.01 Obtaining informed consent to therapy**

(a) When obtaining informed consent to therapy, as defined in Standard 3.10, psychologists inform as soon as possible clients/patients in the therapeutic relationship about the nature and foreseen progress of the therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. *(See also Standards 4.02, Discussing the limits of confidentiality, and 6.04, Fees and financial arrangements.)*

(b) When obtaining informed consent for treatment, whose procedures and techniques have not been determined yet, psychologists inform their clients/patients of the nature of the treatment conduct, the potential risks involved, alternative treatments that maybe available, and the voluntary nature of their participation. *(See also Standards 2.01e, Boundaries of competence, and 3.10, Informed consent.)*

(c) When the therapist is attending a treatment and the legal responsibility for the provided treatment relies on the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is under supervision, and is also given the name of the supervisor.

### **10.2 Therapy involving couples or families**

(a) When psychologists agree to provide services to persons who have a certain relationship (such as spouses or parents and children), they take reasonable steps to clarify since in the beginning:

(1) which of the individuals are clients/patients;

(2) the relationship the psychologist will have with each person

This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, *Discussing the limits of confidentiality*.)

(b) If it is found out that psychologists are required to perform roles which are considered potentially conflicting (such as family therapist and then witness for one party in divorce procedures), then psychologists take reasonable steps to clarify their roles and should withdraw from these roles in the most appropriate way. (See also Standard 3.05c, *Multiple relationships*.)

### **10.03 Group therapy**

When psychologists provide services to several persons in a group, they describe since the beginning of the service, the roles and responsibilities of all parties and the limits of confidentiality.

### **10.04 Providing therapy to the persons who receive service by others**

In cases when the psychologists have to decide whether to offer services to the persons who already receive mental health services by other professionals, they consider carefully the welfare issues of the potential client/patient. Psychologists discuss these issues with the client/patient or another legally authorized person, in order to minimize the risk of confusion and conflict, as well as they consult with the other service providers, when it is considered appropriate, and proceed carefully and sensitively with the therapeutic issues.

### **10.05 Sexual intimacies with current therapy clients/patients**

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

### **10.06 Sexual intimacies with relatives or other important persons of current therapy clients/patients**

Psychologists do not engage in sexual intimacies with individuals who are close relatives, guardians, or other significant persons of current clients/patients. Psychologists do not terminate therapy aiming to avoid this standard.

### **10.07 Therapy with former sexual partners**

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

### **10.08 Sexual intimacies with former therapy clients/patients**

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after interruption or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year period except in the most unusual circumstances. Psychologists, who engage in such activities two years after the interruption or termination of therapy, and meanwhile they had no sexual contact with the former client/patient, are obliged to clarify that there has been no exploitative relationship, considering all relevant factors, including:

- (1) the amount of time that has passed since the termination of the therapy;
- (2) the nature, duration, and intensity of the therapy;
- (3) the circumstances of therapy termination;
- (4) the personal history of the client/patient;
- (5) the current mental status of the client/patient;
- (6) the possibility of unfavorable impact on the client/patient;
- (7) the existence of any statements or actions made by the therapist during the course of therapy which may have suggested the possibility of a sexual or romantic relationship with the client/patient after the termination of the therapy.

#### **10.09 Interruption of therapy**

When being employed or starting contractual relationships, psychologists make reasonable efforts to provide the right and appropriate way of responsibility for the client/patient, in the event that the employment or contractual relationship terminates, by giving principal consideration to the welfare of the client/patient. (*See also Standard 3.12, Interruption of psychological services.*)

#### **10.10 Termination of therapy**

- (a) Psychologists terminate the therapy when it becomes obviously clear that the client/patient no longer needs the service, he/she is not likely to benefit from it, or he/she is being harmed by continued service.
- (b) Psychologists may terminate the therapy when they are threatened or endangered by the client/patient, or another person with whom the client/patient has a relationship.
- (c) Except the cases when it is prevented by the actions of clients/patients, or payers of third party, prior to the therapy termination, psychologists provide a summarizing counseling before termination and suggest him/her alternative service providers according to his/her specific needs.

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**Approved by the Decision No. 1, dated 30.06.2017 of the National Assembly of the Order of the Psychologist of the Republic of Albania.**